

DOCUMENTS REQUIRED FOR APPLICANTS FOR EXTENSION

UNDER THE RIGHT OF ESTABLISHMENT

ORIGINAL DOCUMENTS AND TEN (10) COPIES OF THE FOLLOWING ARE REQUIRED:

PLEASE PLACE DOCUMENTS IN THE ORDER BELOW:

- Completed Application form (Attach photo to the original application form before making copies)
- Police Certificate of Character (Trinidad and Tobago only)
- Bio-data Page of Passport and last Immigration Stamp for applicant(s), spouse and dependents.
- Marriage Certificate/Divorce Decree
- Progress Report for the period of operation stamped and signed by accountant
- Projected accounting Statements for the next three (3) years.
- Business Registration
- License to operate (if applicable)
- Food badge for person(s) operating a restaurant
- Public Health Certificate
- Notice of change of Address/ Directors (if applicable)
- Board of Inland Revenue Registration for Director and Company (if applicable)
- V.A.T. Registration (if applicable)
- NIS
- Companies must show evidence of payments of Annual Returns
- Notice of assessment
- Income Tax Returns stamped by the Board of Inland Revenue (for the period of approval)
- Formal Lease/Rental Agreement for Business Premises
- Letter from Landlord granting permission to the tenant for the operation of the Business
- Rent Receipts
- Current contracts
- Three references (must provide proof of identification and contact information)
- Most recent Business Bank Statement.
- Three Identical passport sized photos
- Previous Work Permit Exemptions

Please note:

- **Applications must be submitted three (3) months before the expiration of the Work Permit Exemption.**

Applications are by appointment only.

Incomplete applications will not be accepted.



Ministry of Foreign and CARICOM Affairs

Republic of Trinidad and Tobago

St. Clair Circle

St. Clair

Port of Spain

Phone: (868) 623-6894 / 285-5029 Fax: 623-2170

E-mail: info.csmeunit@foreign.gov.tt

Website: <http://www.foreign.gov.tt>

(November, 2020)

WARNING TO ALL APPLICANTS:

Any such person who makes a written or oral statement knowingly to be false or misleading is guilty of an offence and is liable to a fine and imprisonment.

NOTE: Incomplete Applications will not be acknowledged

APPLICATION FOR EXTENSION OF CARICOM NATIONALS EXERCISING THE RIGHT OF ESTABLISHMENT

Name of Business/Company _____

Business Address _____

Telephone Number _____ Fax Number _____

Email address _____

Type of Business (e.g. Sole Trader, Limited Liability Company etc)

Core Business Activities of the Company _____

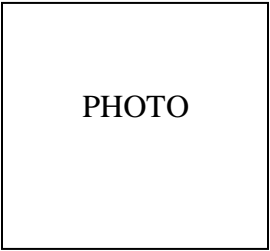
Date of Registration /Incorporation of Business/Company (_____/_____/_____)
DD MM YY

Certificate of Registration / Incorporation Number _____

Board of Inland Revenue (BIR) Number _____

V. A.T Registration Number _____

Number of Partners/ Directors _____



Personal Information of Directors

(Additional pages would be necessary if there is more than one Director)

Name _____

Place of Birth _____ **Date of Birth** _____

Nationality _____ **Marital Status** _____

Passport Number _____ **Expiry Date** _____

Place and Date of Issue _____

Expiry Date of Trinidad and Tobago Immigration Stamp _____

Address (in home country)

Address (in T&T)

Number of years/months living in Trinidad and Tobago _____

Telephone Number _____

Email address _____

BIR Number _____ **NIS Number** _____

Qualifications:

Qualification (Degree, Diploma, Certificates etc)	Institution (Name and Address)	Date of Award

--	--	--

Employment History over the last ten (10) years [Start with the most recent]:

Name of Employer	Employer's Address	Position Held	Duration of Employment	Reason for Termination

--	--	--	--	--

Dependents (Including Spouse)

Name of Dependent	Relationship to Applicant	Date of Birth	Passport Number	Expiry Date	Expiry Date of Trinidad and Tobago Immigration Stamp

Have any of the above mentioned persons, their spouses or dependents ever been deported or required to leave this country or any other country?

Yes () No ()

If yes, please explain

Have you ever applied for Permanent Residency in Trinidad and Tobago?

Yes () No ()

If yes, please indicate date of application and outcome

I, the Undersigned, do solemnly declare that all statements made in this application are true.

Date _____

Signature of Applicant

OFFICIAL REMARKS

--

